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| Case Number: | CM14-0212470 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 03/22/1999 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old female with an injury date of 03/22/99. Based on progress report dated 11/13/14, the patient complains of pain in the right wrist which can be rated at 8/10 "at the end of the day." Physical examination of the right wrist reveals positive crepitation with active ranges of motion along with pain and tenderness. As per progress report dated 08/14/14, the patient has depression to central wrist, and clicking to the wrist with ulnar deviation of the right. Medications, as per progress report dated 11/13/14, include Meloxicam, Voltaren gel, Ranitidine and Tramadol. Progress report dated 11/13/14 indicates that the patient's work status is "usual and customary."Diagnoses, 11/13/14: Pain in limb, upper extremity, Carpal tunnel syndrome, right, Recurrent forearm dislocation, right wrist mid carpal instability. The treater is requesting for (a) MELOXICAM 7.5 mg # 30 (b) TRAMADOL 50 MG # 60 (c) RANITIDINE 150 mg # 60. The utilization review determination being challenged is dated 12/05/14. Treatment reports were provided from 08/14/14 - 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Meloxicam 7.5mg # 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: The patient presents with pain in the right wrist which can be rated at 8/10 "at the end of the day," as per progress report dated 11/13/14. The request is for MELOXICAM 7.5 mg # 30. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Meloxicam is noted in both the progress reports, dated 08/14/14 and 11/13/14, available for review. In progress report dated 08/14/14, the treater states that the patient "takes Mobic daily." However, none of the progress reports discuss an improvement in function or a reduction in pain due to the regular use of Meloxicam. Nonetheless, given the patient's severe pain for which NSAIDs are recommended, she can continue to take Meloxicam at the treater's discretion. This request IS medically necessary.

Tramadol 50mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with pain in the right wrist which can be rated at 8/10 "at the end of the day," as per progress report dated 11/13/14. The request is for TRAMADOL 50 MG # 60. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."In this case, a prescription for Tramadol is noted in both the progress reports, dated 08/14/14 and 11/13/14, available for review. The treater, however, does not discuss anything about the opioid. The reports do not document a reduction in pain or specific and measurable increase in activities of daily living. The patient's work status is described as "usual and customary." There are no UDS and CURES reports are available for review. The treater does not discuss any side effects associated with Tramadol as well. MTUS requires clear documentation about the 4As including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic Tramadol use. This request IS NOT medically necessary.

Ranitidine 150mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain in the right wrist which can be rated at 8/10 "at the end of the day," as per progress report dated 11/13/14. The request is for RANITIDINE 150 mg # 60. MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Ranitidine and Meloxicam (NSAID) is noted in both the progress reports, dated 08/14/14 and 11/13/14, available for review. In progress report dated 08/14/14, the treater states that the patient takes mobic (NSAID) daily, and "states it upsets her stomach" The treater also recommends the patient to use over-the-counter oral NSAIDs as needed which may also contribute to medication-induced gastric discomfort. Hence, the request for Ranitidine appears reasonable and IS medically necessary.